

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90015 030 ***150.00

DOCUMENT # V25426

1. Entity Name
M AND R FUNDING CORP.

Principal Place of Business 7200 MINDELLO STREET CORAL GABLES FL 33143 US	Mailing Address 7200 MINDELLO STREET CORAL GABLES FL 33143-6234 US
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DO NOT WRITE IN THIS SPACE

650339267

2. Principal Place of Business 2 GRAVE ISLE DRIVE	3. Mailing Address 2 GRAVE ISLE DRIVE
Suite, Apt. #, etc. #1508	Suite, Apt. #, etc. #1508
City & State COCONUT GROVE FLA.	City & State COCONUT GROVE FLA.
Zip 33133	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTZ, LAWRENCE
 7200 MINDELLO ST
 CORAL GABLES FL 33143**

Name **MINTZ LAWRENCE**
 Street Address (P.O. Box Number is Not Acceptable)
2 GRAVE ISLE DRIVE #1508
 City **COCONUT GROVE** FL Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **4/27/00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	<input type="checkbox"/> Delete	TITLE MINTZ, LAWRENCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINTZ, LAWRENCE		NAME 2 GRAVE ISLE DRIVE #1508	
STREET ADDRESS 7200 MINDELLO STREET		STREET ADDRESS COCONUT GROVE, FL 33133	
CITY-ST-ZIP CORAL GABLES FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4/27/00** DAYTIME PHONE # **305-856-8569**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/93)